

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5		4					55						
6		4					56						
7		4					57						
8		4					58						
9		4					59						
10		4					60						
11		4					61						
12		4					62						
13		4					63						
14		4					64						
15		4					65						
16		4					66						
17		4					67						
18		4					68						
19		4					69						
20		4					70						
21		4					71						
22		4					72						
23		4					73						
24		4					74						
25		4					75						
26		4					76						
27		4					77						
28		4					78						
29		4					79						
30		4					80						
31		4					81						
32		4					82						
33		4					83						
34		4					84						
35		4					85						
36		4					86						
37		4					87						
38		4					88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	137						TOTAL DEP.						
TOTAL CLAIMS	140						TOTAL CLAIMS						